

Society for Public Health Education
Multiple Event Provider Number DC0007

Title: Implementing evidence-based diabetes programs at the community level: The Alliance to Reduce Disparities in Diabetes

Date: July 25, 2011

Continuing Education Form and Participation Record

Event # 01-175DL

If you are applying for Continuing Education Contact Hours (CECH) **you must complete this entire form and print and sign your name on the bottom of the overall evaluation form.**

The following information is REQUIRED for ALL participants requesting Continuing Education Contact Hours for Entry-level (CHES) or Advanced-level (MCHES) (please print):

Name: _____ Signature: _____

CHES # _____ OR MCHES # _____

Address _____

City, State and Zip: _____

Phone: _____ Fax: _____ Email: _____

Credit Card Payment Information:

Cardholder Name *(if different from above)*: _____

Billing Address *(if different from above)*: _____

City, State and Zip *(if different from above)*: _____

Method of Payment: Visa MasterCard Discover

Credit Card Number: _____ Expiration Date _____

Signature of Cardholder: _____ Total: \$ _____

Title: Planning MCHES Events

X	(indicate participation by placing an "X" next to the session titles)	Time	Entry <u>Advanced</u> CECH	
			0.0	1.0
Monday, July 25, 2011		1:00 – 2:00 pm	0.0	1.0
	Welcome/Introductions Moderator's Name: Nicolette Warren, MS, MCHES			
	Overview of Alliance to Reduce Disparity in Diabetes Presenter's Name: Belinda Nelson, PhD			
	Evidence-based Diabetes Program Presenter's Name: Monica Peek, MD, MPH, FACP			
Total Number of Hours Requested for sessions attended (Participant to Complete)				
			(Note: Round to nearest .25)	

Title: Implementing evidence-based diabetes programs at the community level: The Alliance to Reduce Disparities in Diabetes
Evaluation Form

Day, Date: Monday, July 25, 2011
Time: 1:00 - 2:00 pm
Event #: 01-175DL

I am <input type="checkbox"/> Entry-level (CHES) <input type="checkbox"/> Advanced-level (MCHES)
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1.0 *Entry-level CECH* **OR** *Advanced-level CECH*

Please complete this evaluation. If applying for continuing education credits you **MUST** complete **all** questions. For each of the following questions, mark (X) in the column that best represents your opinion regarding this session. Use the rating scale of 1-5 (1=strongly disagree, 5=strongly agree).

Learner Objectives	Strongly Disagree Neutral Strongly Agree				
	1	2	3	4	5
As a result of this session, I am able to:					
a) Discuss evidence-based interventions to reduce diabetes disparities among those most at risk in their communities.					
b) Describe at least two of the patient-level intervention efforts as it relates to diabetes disparities in high risk populations.					
c) Identify at least two examples of new partnerships that are enabling mobilization of community stakeholders to reduce diabetes disparities.					
d) Belinda Nelson, PhD demonstrated mastery of the topic.					
e) Belinda Nelson, PhD was an effective presenter.					
f) Monica Peek, MD, MPH, FACP demonstrated mastery of the topic.					
g) Monica Peek, MD, MPH, FACP was an effective presenter.					
h) The session was timely in terms of current public health and health education practice.					

Please answer the following questions.

1. Suggestions for presentation improvement such as length, audiovisuals, handouts, materials, or what you would change about this session.

2. Additional Comments/Observations